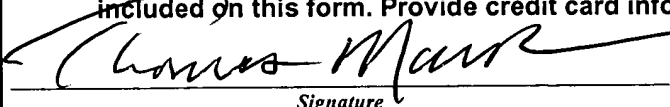
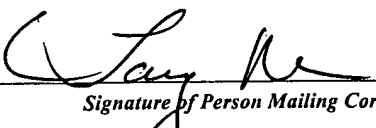


AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 45568-00450	
Applicant(s): CONN ET AL.					
Application No. 10/700,188	Filing Date November 3, 2003	Examiner SAMUEL G. GILBERT	Customer No. 25231	Group Art Unit 3736	Confirmation No. 3969
Invention: METHOD FOR OBTAINING DIAGNOSTIC INFORMATION RELATING TO A PATIENT HAVING AN IMPLANTED TRANSDUCER					
<u>COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	43 -	29 =	14	x \$25.00	\$350.00
INDEP. CLAIMS	8 -	3 =	5	x \$100.00	\$500.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$850.00
<input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input checked="" type="checkbox"/> A check in the amount of \$850.00 to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-1419 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: September 6, 2005		
Thomas R. Marsh Registration No. 31,039 MARSH FISCHMANN & BREYFOGLE LLP 3151 S. Vaughn Way, Suite 411 Aurora, Colorado 80014 Phone: (303) 338-0997 Facsimile: (303) 338-1514			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on September 6, 2005 _____ (Date)  _____ Signature of Person Mailing Correspondence Tammy Morin _____ Typed or Printed Name of Person Mailing Correspondence		
cc: 25231					



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re the Application of:

Conn et al.

Serial No.: 10/700,188

Filed: November 3, 2003

Confirmation No.: 3969

Atty. File No.: 45568-00450

For: "METHOD FOR OBTAINING
DIAGNOSTIC INFORMATION
RELATING TO A PATIENT
HAVING AN IMPLANTED
TRANSDUCER"

) Group Art Unit: 3736

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) Examiner: Gilbert, Samuel G.

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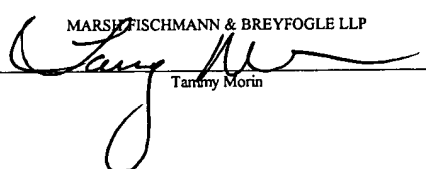
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AMENDMENT AND RESPONSE

<p style="text-align: center;">CERTIFICATE OF MAILING</p> <p>I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE AS FIRST CLASS MAIL IN AN ENVELOPE ADDRESSED TO COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450 ON September 6, 2005.</p> <p>BY:  MARSH FISCHELMANN & BREYFOGLE LLP Tammie Morin</p>

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Applicant submits this Amendment and Response to address the Office Action having a mailing date of June 3, 2005. Based on the amendments and remarks presented below, reconsideration is requested.

Enclosed is a check in the amount of \$850 as the fee for the additional claims presented herein. Please credit any overpayment or charge any underpayment to Deposit Account No. 50-1419.

Please amend the above-identified patent application as follows:

09/12/2005 HGUTEMA1 00000006 10700188

01 FC:2201
02 FC:2202

500.00 OP
350.00 OP